

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4		2					54						
5	1						55						
6	1						56						
7		4					57						
8	1						58						
9		4					59						
10	1						60						
11	1						61						
12		1					62						
13	1						63						
14		2					64						
15	1						65						
16	1						66						
17		4					67						
18	1						68						
19		4					69						
20	1						70						
21		12					71						
22		12					72						
23		12					73						
24		12					74						
25		12					75						
26		12					76						
27		12					77						
28		12					78						
29		12					79						
30		12					80						
31		12					81						
32		12					82						
33		12					83						
34		12					84						
35		12					85						
36		12					86						
37		2					87						
38		12					88						
39		12					89						
40		12					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	12						TOTAL IND.						
TOTAL DEP.	252						TOTAL DEP.						
TOTAL CLAIMS	264						TOTAL CLAIMS						

228